





## NOTICE OF CONTRACT RENEWAL

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

MISC

REFS 30034901700042

<b>CONTRACT NUMBER</b> CS170042003	<b>CONTRACT TITLE</b> Alternatives to Abortion Program Services
<b>AMENDMENT NUMBER</b> Amendment #002	<b>CONTRACT PERIOD</b> July 1, 2017 through June 30, 2018
<b>REQUISITION/REQUEST NUMBER</b> NR 886 DFA18000005	<b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b> 13421808001/MB00099548
<b>CONTRACTOR NAME AND ADDRESS</b> FAITH MATERNITY CARE 1900 LAKE DRIVE FULTON MO 65251	<b>STATE AGENCY'S NAME AND ADDRESS</b> Department of Social Services Division of Finance & Administration Svs 221 W High Street, Room 310, PO Box 1082 Jefferson City MO 65102-1082
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract CS170042003 is hereby amended pursuant to the attached amendment #002, dated 08/06/17.	
<b>BUYER</b> Julie Kleffner	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:julie.kleffner@oa.mo.gov">julie.kleffner@oa.mo.gov</a> Phone: (573) 751-7656 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 8-22-17
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 002  
CONTRACT NO.: CS170042003  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: FAITH MATERNITY CARE  
1900 LAKE DRIVE  
FULTON MO 65251

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME	Missouri BUY SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Faith Maternity Care	MB000099548
MAILING ADDRESS	
PO Box 6232	
CITY, STATE, ZIP CODE	
Fulton, MO 65251	

CONTACT PERSON	EMAIL ADDRESS
Laura Griggs	treasurer@faithmaternity.com
PHONE NUMBER	FAX NUMBER
573-642-7414	573-642-8184
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> 1st Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	8-6-17
PRINTED NAME	TITLE
Laura Griggs	treasurer

AMENDMENT #002 TO CONTRACT CS1700420003

**CONTRACT TITLE:** *Alternatives to Abortion Program Services*

**CONTRACT PERIOD:** *July 1, 2017 through June 30, 2018*

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in *italics* below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 4	\$ <u>183,323</u> maximum annual total price ( <i>\$184,789.44</i> )
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The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

**NOTE:** The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

**KINGDOM MINISTRIES DBA FAITH MATERNITY CARE**  
Estimated Annual Price

**Residential Facility and Resident Client Expenses**

Staff Salaries	77000
Facility Utilities	7200
Facility Insurance	5208
Communications	2268
Office Supplies	2400
Facility Repairs	2400
10% De Minimus	9647 (indirect admin expenses)
Resident Food	6000
Resident Supplies	3600 (i.e. maternity clothing, baby supplies)
Security Deposits	3000 (per 2.3.2 I2)

**Non-Resident A2A Client Expenses**

Staff Salaries	15000
Office Supplies	1000
10% De Minimus	1600
Rent Assistance	24000
Emergency Housing	8000
Utility Assistance	12000
Non-Resident Supplies	3000

<b>TOTAL ANNUAL PRICE</b>	<b>183323</b>
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Kingdom Ministries DBA Faith Maternity Care  
Budget Narrative

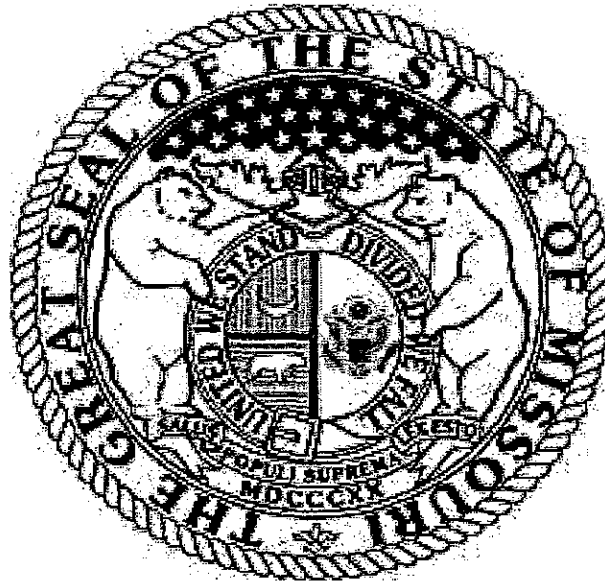
In response to Amendment #002 to contract CSI700420003, Kingdom Ministries DBA Faith Maternity Care requests a maximum annual total price of \$183,323 for the Alternatives to Abortion Program Services Grant. This total price reflects the following scenario:

- Residential facility running at full capacity (5 residents) with 24-hr staffing including two credentialed case managers and four part-time home supervisors to assist with resident care, transportation to appointments/school/work, and life-skills education. The residential facility provides each client with safe shelter, food, necessary maternity/infant clothing, and transportation services.
- Non-residential facility accepting ten A2A eligible clients per month staffed with one credentialed and one non-credentialed case manager. An estimated \$44,000 used to meet the rent, utility, and emergency housing needs of these clients. An estimated \$3,000 used to meet other necessary supplies for these clients (maternity clothing, baby supplies, transportation to doctor's appointments). This estimate was made using the average amount requested from A2A eligible clients over the last four months at our non-resident office.
- Necessary office expenses for both facilities including office supplies, communications, insurance, utilities, and mortgage.

If you require any further information about our requested maximum annual total price or budget narrative, please contact Laura at [treasurer@faithmaternity.com](mailto:treasurer@faithmaternity.com) or 573-642-7414.

Respectfully Submitted,

Laura Griggs  
Treasurer  
Faith Maternity Care



**State of Missouri**  
**OFFICE OF ADMINISTRATION**

Division of Purchasing  
Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

**Kleffner, Julie**

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**From:** Morrison, Mary Ann  
**Sent:** Wednesday, August 16, 2017 3:55 PM  
**To:** Kleffner, Julie  
**Subject:** FW: A2A Amendment 002  
**Attachments:** CS170042003-002 (Faith Maternity - FY18) APPROVED 8-16-17.pdf

Please see attached.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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**From:** Benne, Joy  
**Sent:** Wednesday, August 16, 2017 3:55 PM  
**To:** Morrison, Mary Ann  
**Subject:** RE: A2A Amendment 002

Mary Ann,  
Please find attached the amendment and "APPROVED" budget for Faith Maternity Care.

The original documents received contained an error in the calculations. The "indirect admin expenses" were calculated incorrectly thus requiring revised documents to be received. The documents consisted of the page 2, budget breakdown and the budget narrative.  
Thanks

*Joy E Benne, Fiscal Administrative Mgr.*  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Monday, August 07, 2017 9:40 AM  
**To:** Benne, Joy  
**Subject:** FW: A2A Amendment 002

Joy,

Please review and advise if acceptable to proceed.  
Thanks.

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie

**Sent:** Monday, August 07, 2017 7:11 AM

**To:** Morrison, Mary Ann

**Subject:** FW: A2A Amendment 002

Please review and advise if acceptable to proceed.

Julie Kleffner, CPPB

Division of Purchasing

Harry S Truman Bldg, Room 630

Post Office Box 809

Jefferson City MO 65102-0809

Phone: 573-751-7656

Fax: 573-526-9816

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**From:** Laura Griggs [<mailto:treasurer@faithmaternity.com>]

**Sent:** Sunday, August 06, 2017 7:46 PM

**To:** Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>

**Subject:** A2A Amendment 002

Julie -

Please find our signed amendment sheets, budget, and narrative attached. Please let me know if you need anything else.

Thank you!

Laura Griggs

Faith Maternity Care

573-642-7414





STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 002  
CONTRACT NO.: CS170042003  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@dm.mo.gov](mailto:Julie.Kleffner@dm.mo.gov)

TO: FAITH MATERNITY CARE  
1906 LAKE DRIVE  
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FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

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Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME <b>Faith Maternity Care</b>		MISSOURYBUYSSYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) <b>MB00099548</b>	
MAILING ADDRESS <b>PO Box 6232</b>			
CITY, STATE, ZIP CODE <b>Fulton, MO 65251</b>			
CONTACT PERSON <b>Laura Griggs</b>		EMAIL ADDRESS <b>treasurer@faithmaternity.com</b>	
PHONE NUMBER <b>573-642-7414</b>		FAX NUMBER <b>573-642-8184</b>	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE <b>8-6-17</b>	
PRINTED NAME <b>Laura Griggs</b>		TITLE <b>treasurer</b>	

**AMENDMENT #002 TO CONTRACT CS1700420003****CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
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Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 4	\$ <u>181,496</u> <i>(\$184,789.44)</i>	maximum annual total price
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The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

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**KINGDOM MINISTRIES DBA FAITH MATERNITY CARE**  
**Estimated Annual Price**

**Residential Facility and Resident Client Expenses**

Staff Salaries	77000
Facility Utilities	7200
Facility Insurance	5208
Communications	2268
Office Supplies	2400
Facility Repairs	2400
10% De Minimus	9420 (indirect admin expenses)
Resident Food	6000
Resident Supplies	3600 (i.e. maternity clothing, baby supplies)
Security Deposits	3000 (per 2.3.2 I2)

**Non-Resident A2A Client Expenses**

Staff Salaries	15000
Office Supplies	1000
Rent Assistance	24000
Emergency Housing	8000
Utility Assistance	12000
Non-Resident Supplies	3000

**TOTAL ANNUAL PRICE**

**181496**



Kingdom Ministries DBA Faith Maternity Care  
Budget Narrative

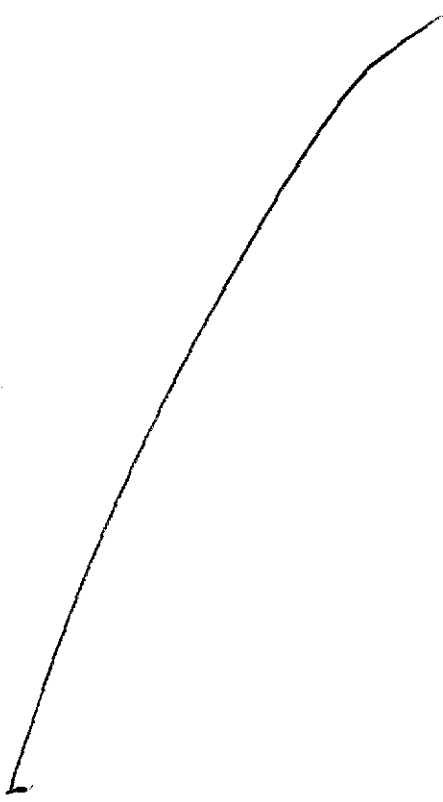
In response to Amendment #002 to contract CSI700420003, Kingdom Ministries DBA Faith Maternity Care requests a maximum annual total price of \$181,496 for the Alternatives to Abortion Program Services Grant. This total price reflects the following scenario:

- Residential facility running at full capacity (5 residents) with 24-hr staffing including two credentialed case managers and four part-time home supervisors to assist with resident care, transportation to appointments/school/work, and life-skills education. The residential facility provides each client with safe shelter, food, necessary maternity/infant clothing, and transportation services.
- Non-residential facility accepting ten A2A eligible clients per month staffed with one credentialed and one non-credentialed case manager. An estimated \$44,000 used to meet the rent, utility, and emergency housing needs of these clients. An estimated \$3,000 used to meet other necessary supplies for these clients (maternity clothing, baby supplies, transportation to doctor's appointments). This estimate was made using the average amount requested from A2A eligible clients over the last four months at our non-resident office.
- Necessary office expenses for both facilities including office supplies, communications, insurance, utilities, and mortgage.

If you require any further information about our requested maximum annual total price or budget narrative, please contact Laura at [treasurer@faithmaternity.com](mailto:treasurer@faithmaternity.com) or 573-642-7414.


Respectfully Submitted,

Laura Griggs  
Treasurer  
Faith Maternity Care



# MEMORANDUM

Office of Administration  
Division of Purchasing

**TO:** Laura Ortmeyer  
**FROM:** Julie Kleffner   
**DATE:** July 19, 2017  
**RE:** Renewal/Amendment to the Alternatives to Abortion Program Services Contracts

The Department of Social Services has requested the Alternatives to Abortion Program Services contracts, CS170042001 through CS170042009, be renewed with a funding increase pursuant to House Bill 11, section 11.120, lines 2 through 6. Pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, funds may increase at the time of renewal if funds are appropriated by the General Assembly.

The contracts are also being amended as follows:

1. The administrative responsibilities of the Alternatives to Abortion Program transferred from the Office of Administration to the Department of Social Services.
2. As a result of the transfer of administrative responsibilities, Attachment 3 is being revised to reflect the correct state agency.
3. Attachment 5 is being revised to reflect the appropriate contract period.

Due to the legislature including a rate increase in the Fiscal Year Budget via House Bill 11 (see attached) and is allowed by paragraph 2.12.3 b. of the contract, I am processing the renewal to the contracts allowing a price increase.

Additionally, 1 CSR 40-1.050 (8) states, "*Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.*"

Therefore, since the intent and scope of the contract are not altered, I am proceeding to amend the contract as requested.

**Kleffner, Julie**

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**From:** Benne, Joy  
**Sent:** Wednesday, July 19, 2017 3:42 PM  
**To:** Morrison, Mary Ann; Kleffner, Julie  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal  
**Attachments:** RE: A2A FY18 Funding

Please see the attached email from Laclede County Pregnancy Center stating they do not want the increased funding for FY18. Thanks

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:39 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In addition to response (2), Laclede County Pregnancy Support Center communicated with DSS they did not want the increased funding for FY18. Let me know if you need the documentation and I'll get it from the Program. Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:29 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Thank you!

In response to (1), funding increase was based on HB 11, section 11.120 lines 2 through 6 minus 3% Governor's reserve on the general revenue portions (line 4) and per DSS upper management, line 6 funding amount was not included (if you need a copy of the HB, just let me know.

In response to (2), funding allocation approximate percentage was taken from section 3.3.2 of the RFP. This percentage was multiplied against the total funding allocation available for FY18 (HB11, section 11.120, lines 4 through 6) which gave the amount of funding for each of the 9 regions. Each region amount was based on # of awards made for each region as outlined in subsection of 3.3.2. Determination on who received the highest percentage is based on ranking from the evaluation process.

Please let me know if there is any additional information needed.

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie

**Sent:** Wednesday, July 19, 2017 1:05 PM

**To:** Morrison, Mary Ann

**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

I will get something drafted for your review.

Please provide (1) an explanation (e-mail/memo) explaining why funds have increased and (2) an explanation how funding for each contractor was determined for inclusion in the contract file.

Thank you

---

**From:** Morrison, Mary Ann

**Sent:** Wednesday, July 19, 2017 12:50 PM

**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Ortmeier, Laura <[Laura.Ortmeier@oa.mo.gov](mailto:Laura.Ortmeier@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>

**Subject:** NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In reference to NR 886 DFA18000005, please renew Alternatives to Abortion contracts/ CS170042001-009. The attached backup documentation includes the amendment verbiage, updated attachments and FY18 budget amounts for each contract (column I).

Prior to sending out for signature, please provide a copy of the amendment for program review.

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**

Missouri Department of Social Services

Division of Finance & Administrative Services

615 Howerton Court

P.O. Box 1643

Jefferson City, MO 65102-1643

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov) or by phone at 573-526-3433.



**Kleffner, Julie**

---

**From:** Abigail Chisom <abigail@pscledabanon.org>  
**Sent:** Tuesday, July 18, 2017 12:23 PM  
**To:** Benne, Joy  
**Subject:** RE: A2A FY18 Funding

Hi Joy,

Since things have changed with the maternity home funding method we haven't used as much funding. I think we better stay with our original amount at this time so the money can be put to good use elsewhere.

Thank you,

Abigail Chisom  
Assistant Director  
Laclede County Pregnancy Support Center  
417-532-8555

---

**From:** Benne, Joy [mailto:Joy.E.Benne@dss.mo.gov]  
**Sent:** Tuesday, July 18, 2017 11:57 AM  
**To:** 'Abigail Chisom'  
**Subject:** A2A FY18 Funding

Abigail,

Question for Laclede County Pregnancy Support Center....For FY2018 the A2A program was given additional funding. Would Laclede County Pregnancy Support Center be able to spend the extra funding in FY2018 if awarded?

We are possibly looking at more than what was stated for maximum annual total price on the contract award page from OA. DSS wants to make sure everyone can use the extra funding without lapsing any.

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310  
P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov) or by phone at 573-751-7027.

<b>1. Indicate Contract Amendment Type</b>		RENEWAL: <u>1</u> PERIOD OF <u>3</u> TOTAL		Performance Security Deposit: \$ _____	
<input type="checkbox"/> Renewal - % Increase <input type="checkbox"/> Renewal - \$ Increase <input type="checkbox"/> Renewal - W/O Increase <input type="checkbox"/> SFS Renewal - Prices In Original Contract <input type="checkbox"/> SFS Renewal - Prices Not in Original Contract		<input type="checkbox"/> Cost Savings <input type="checkbox"/> Cost Savings		Surety Bond: \$ _____  Annual Wage Order Number: _____ Annual Wage Order Date: _____ County(ies): _____  Other Instructions: _____	
<b>EXTENSION PERIOD:</b>					
<input type="checkbox"/> Extension - 30-Day <input type="checkbox"/> Termination <input type="checkbox"/> Extension - \$ Increase <input type="checkbox"/> Extension - W/O Increase <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Cancellation/Termination <input type="checkbox"/> Other Amendment		<input type="checkbox"/> Cost Savings			
<b>2. Preliminary Tasks/Verifications</b>					
A. Section 34.040.6, RSMo		Buyer/Section Support		DT 7-31-17	
B. Purchasing Suspension List		Buyer/Section Support		DT 7-31-17	
C. Federal Suspension - SAM.GOV		Buyer/Section Support		DT 7-31-17	
D. Labor Stds - OA/FMDC Contractor Debarment Lists		Buyer/Section Support			
E. Review of Participation Commitment Attainment - If app, Verify Receipt of 1 <sup>st</sup> Renewal - Blind/Shel Wkshp Affdvt		Buyer			
F. SFS Review/Justification - Insert Advertising Date, if applicable		Buyer			
<b>3. Prepare Contract Amendment</b>		Buyer/Section Support		DT 7-31-17	
<b>4. Review/Approve Contract Amendment (If Signature Required)</b>		Buyer		OK 7-31-17	
Initial Date	Supervisor	Section Manager	LO 8/1/17	Asst Director	Director
<b>5. E-Mail/Fax Contract Amendment (If Signature Required)</b>		Buyer/Section Support		DT 8-1-17	
Contractor E-Mail Address/Fax Number		treasurer@faithmaternity.com			
State Agency Contact E-Mail Address		MAY Ann MORRISON			
Section 34.040.6, RSMo, Letter		Follow-Up Notes:			
<b>6. Review Contract Amendment Response - Verifications</b>					
A. Renewal/Extension Pricing		Buyer/Section Support			
B. Section 34.040.6, RSMo		Buyer/Section Support			
C. Performance Security Deposit/Surety Bond		Buyer/Section Support			
D. Renewal/Extension with Cost Savings Language		Buyer			
E. Statewide Notice		Buyer			
F. SFS Authorized Limit \$		Buyer			
<b>G. Contract Assignment Only Verifications - Complete unless completed in Step 2 above.</b>					
1. E-Verify Exhibit/Affidavit/Documentation		Buyer/Section Support			
2. Assignment and Consent Form		Buyer/Section Support			
3. Purchasing Suspension List		Buyer/Section Support			
4. Federal Suspension - SAM.GOV		Buyer/Section Support			
5. Labor Stds - OA/FMDC Contractor Debarment Lists		Buyer/Section Support			
<b>7. Prepare Contract Amendment Award Document/Statewide Notice</b>		Buyer/Section Support		DT 8-22-17	
<b>8. Review/Approve Contract Amendment Award Document</b>		Buyer		OK 8-22-17	
Initial Date	Supervisor	Section Manager	LO 8/22/17	Asst Director	Director
<b>9. Process Contract Amendment</b>		Buyer/Section Support		DT 8-25-17	
AM 300 PMM OK 76391 m2		Buyer/Section Support		8-25-17	
Distribute E-Verify & SDV Documents		Buyer/Section Support			
E-Mail/Fax NOA to Contractor/Assignee & Agency Contact		Buyer/Section Support		8-25-17	
Copy/Save As Statewide Notice to Internet Folder		Buyer/Section Support			
<b>10. Log Participation Commitment Information</b>		Central Support-Participation			
<b>11. Image Contract Amendment Packet</b>		Central Support-Imaging		OK 9-13	

OK